Communication is a bridge — and every patient interaction has the potential to create access, build trust, and change outcomes.

Photo: Personal collection of Dr. Hoffmann-Eubanks.

A Neuro-Affirming Approach to Autism Care in Community Pharmacy

Dr. Brittany Hoffmann-Eubanks, PharmD, MBA

Autism Society of America | IPhA Annual Meeting 2026

Disclosures and Conflicts of Interest

Dr. Brittany Hoffmann-Eubanks, PharmD, MBA, declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

Disclosure of AI Use

Artificial Intelligence (AI) was used June – Aug 2026 in the development of this presentation, as disclosed below:

- Claude Sonnet 5.0 for slide development, design, and case development
- ChatGPT 4 for image creation

All AI generated content was reviewed and edited by the presenter and the presenter attests to the accuracy of the content.

A Note on Language

IDENTITY-FIRST LANGUAGE

“Autistic person”

✓ Used in this presentation

PERSON-FIRST LANGUAGE

“Person with Autism”

Also used by some

This is my personal preference and preferred by many within the Autistic community

Best Practice is to always follow the individual’s preference

Taboas A, Doepke K, Zimmerman C. Autism. 2023;27(2):565-570.

Learning Objectives

At the conclusion of this program, participants (pharmacists and pharmacy technicians) will be able to:

1. Describe Autism Spectrum Disorder, its prevalence, and common support needs of Autistic patients
2. Define neuro-affirming care and its role in patient-centered pharmacy care
3. Implement practical neuro-affirming strategies to enhance pharmacy interactions

Question 1

PRE-TEST

Which of the following best describes Autism Spectrum Disorder (ASD)?

A. A childhood-onset condition caused by genetic mutations that resolves with appropriate behavioral intervention

B. A neurodevelopmental condition characterized by differences in social communication, sensory processing, and patterns of behavior

C. A psychiatric disorder primarily characterized by intellectual disability and language delays

D. A spectrum of social and emotional disorders that can be diagnosed through neuroimaging

Question 2

PRE-TEST

The rising prevalence of Autism diagnoses in the United States is best described as an epidemic.

A. True

B. False

Question 3

PRE-TEST

Which of the following best reflects a neuro-affirming approach to pharmacy care?

A. Assuming all Autistic patients prefer written materials over verbal counseling to reduce sensory overload

B. Directing all counseling questions to the caregiver to ensure accurate medication information is conveyed

C. Limiting the interaction to essential information only to avoid overwhelming the patient

D. Using clear, direct language, allowing extra processing time, and asking the patient how they prefer to communicate

Question 4

PRE-TEST

Jamie is an Autistic patient who has been picking up medications at your pharmacy for two years. Their refill is due but requires a prior authorization. Which of the following strategies is the most neuro-affirming?

A. Contact the prescriber directly to resolve the PA without involving Jamie, to minimize disruption to their routine

B. Place a note in the system and wait for Jamie to call when they notice the prescription isn't ready

C. Proactively call Jamie or their caregiver to explain the situation, what to expect, and offer to help facilitate outreach to the prescriber

D. Send an automated refill notification through the pharmacy app and include instructions for contacting the prescriber

Autism Overview

Autism Spectrum Disorder (ASD)

What is ASD?

According to the DSM-5, ASD is a neurodevelopmental condition frequently characterized by differences in social communication, sensory processing, and restricted, repetitive patterns of behavior, interests, or activities.

> ***"If you've met one Autistic person, you've met one Autistic person."***

American Psychiatric Association. DSM-5. Arlington: American Psychiatric Publishing, 2013.

Woods SEO, Estes A. *Front Psychiatry*. 2023;14:1264516.

What ASD Isn’t

Often Said	A More Accurate View
“Autism is a disease”	ASD is a neurodevelopmental difference, not an illness — it isn't “caught” or “cured”
“Rising numbers mean an epidemic”	The increase is multifactorial — reflecting broader diagnostic criteria, increased awareness, and expanded screening
“It's caused by vaccines or parenting”	Extensive peer-reviewed research has found no credible evidence of a causal link between vaccines and ASD
“Autistic people are all alike”	ASD is a broad spectrum — presentation, support needs, and strengths vary widely person to person

Hodges H, Fealko C, Soares N. *Transl Pediatr*. 2020;9(Suppl 1):S55-S65.
American Academy of Pediatrics. https://www.aap.org/en/news-room/fact-checked/fact-checked-vaccines-safe-and-effect-no-link-to-autism/

A Brief History of Autism Diagnosis

Pre-1943
No Distinct Category

Bleuler: Autism is a symptom of schizophrenia
Sukhareva: Autism description overlooked

1943 -1979
Kanner & Rutter

Kanner: early infantile Autism
Rutter: first genetic study; discredited "refrigerator mothers" (1977)

1980
DSM-III Entry

First time ever: Infantile Autism separated from childhood schizophrenia
DSM-III-R: included **PDD-NOS**; too broad

1994
DSM-IV Expansion

Increased alignment with ICD-10

Inclusion of Asperger's

2013
DSM-5: One Spectrum

Diagnoses unified into a single Autism Spectrum Disorder

Today
Growing Awareness

Expanded screening, awareness, diagnosis, and clinician training

Key takeaway: broader criteria + more awareness = more diagnoses, not an epidemic. Autism has always been part of human diversity.

Hodges H, et al. Transl Pediatr. 2020;9(Suppl 1):S55-S65. Lang HM. *Health Care Analysis*. 2025;33:337-348.
Rosen NE, et.al. *J Autism Dev Disord* (2021) 51:4253–4270

PDD - Pervasive Developmental Disorders - Not Otherwise Specified

Autism Prevalence: Autism Developmental Disabilities Monitoring (ADDM) Network

1 in 31

Diagnosed by age 8

1:19 – 1:103

Range across ADDM sites

3.4×

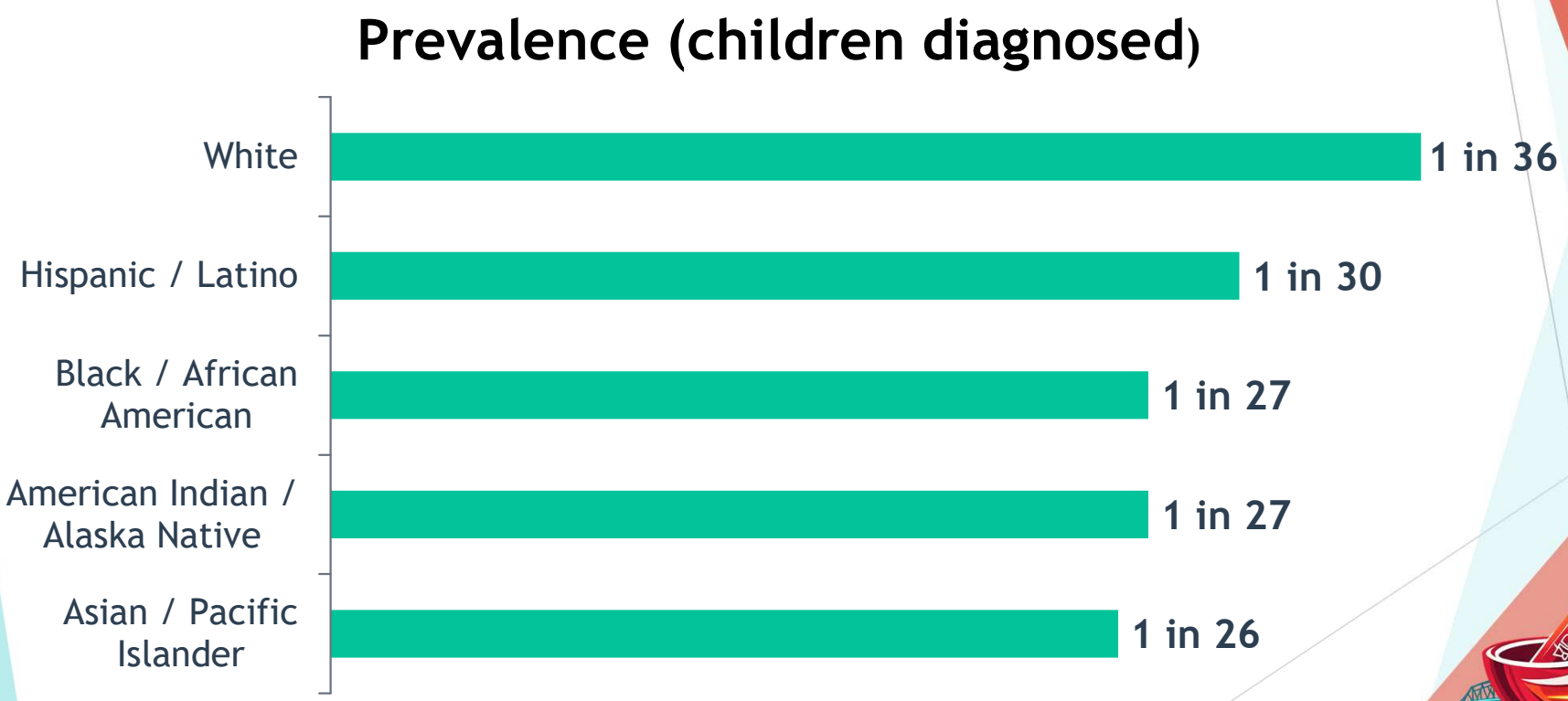
Boys diagnosed vs girls

39.6%

Co-occurring intellectual disability

Shaw KA, et al. MMWR Surveill Summ. 2025;74(SS-2):1-22.

Prevalence: Racial & Ethnic Disparities



Shaw KA, Williams S, Patrick ME, et al. MMWR Surveill Summ. 2025;74(SS-2):1-22.

Why This Matters to Community Pharmacy

Frequent Touchpoints

Prescriptions, vaccinations, other services and counseling create repeat opportunities for trust-building

Low-Barrier Access

Pharmacies are widely available in most areas nationwide, often with same-day pharmacist access

Lifelong Relationships

Potential to see the same pharmacy team for years, helping build continuity of care

Berenbrok LA, et al., *J Am Pharm Assoc* (2003). 2022 Nov-Dec;62(6):1816-1822.e2.

Visual Activity

Ask yourself: What do I notice first? What words come to mind? How does this image make me feel?

Photo Source: OpenAI. Generated June 2026 using ChatGPT.

Why Words Matter

A Story from My BLS Training

“Alien babies, so, we'll just call them special needs.”

Difference is not Deficiency

Importance of Neuro-Affirming Care

The Education Gap: What Pharmacists Know

32%
Of pharmacists did not believe genetics play a major role in ASD etiology

>18%
Believed vaccines can cause Autism — a persistent and unproven claim

Limited
Familiarity with ASD symptoms, underlying causes, and care considerations

Limited
Awareness of community-based supports and resources for Autistic patients and families

Khanna R, Jariwala K. Res Social Adm Pharm. 2012;8(5):464-471.

The Education Gap: Training & Guidelines

U.S. Pharmacy Curricula

≤ 1 hour of ASD-specific didactic instruction in most accredited programs

Practice Guidelines

Canada
Published guidelines (2024)

United States
Guidance remains limited

This educational gap may leave community pharmacy teams underprepared

Dopheide JA, et al. Am J Pharm Educ. 2017;81(7):5925. Kadi R, et al. Can Pharm J (Ott). 2024;157(2):58-65.

What is Neuro-Affirming Care?

No single agreed-upon definition exists in the literature yet

Meet People Where They Are

Adapt communication, environment, and pacing to the patient

Respect Neurological Difference

Difference is not deficiency. Being Autistic does not diminish personhood

Preserve Dignity & Autonomy

Support informed decision making. Communicate directly with the Autistic patient

Lerner MD, et al. *J Consult Clin Psychol*. 2023;91(9):503-504. Wagland Z, et al. *Autism Dev Lang Impair*. 2025.

Why Provider Behavior Matters

INTERACTIONS ACROSS THREE LEVELS SHAPED HOW AUTISTIC PATIENTS EXPERIENCED THEIR CARE

Patient Level

Communication style, sensory sensitivities, processing speed, body awareness, organization

Provider Level

THE DECIDING FACTOR

Knowledge about Autism, assumptions, accessible language, accommodations, incorporating supporters

System Level

Availability of supporters, healthcare complexity, facility accessibility, stigma about Autism

Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831. Moreno-Duarte I, et al. EClinicalMedicine. 2024;76:102846

Social Communication & Interaction Features

Literal Interpretation	Idioms, sarcasm, and figurative language (“just a second”) may be taken at face value
Eye Contact	May avoid eye contact which does not generally indicate disinterest, dishonesty, or disrespect
Processing Time	May need extra time to process verbal information before responding
Repetition	May repeat words, phrases, or questions (echolalia) as a way of processing
Direct Communication	Often prefers clear, concrete, unambiguous language over small talk
Alternative Communication	Some individuals use sign language, Augmentative & Alternative Communication (AAC) devices, written communication, gestures, or vocalizations

CDC. https://www.cdc.gov/autism/signs-symptoms/index.html ; National Autistic Society. https://www.autism.org.uk/advice-and-guidance/about-autism/autism-and-communication

Sensory Processing Features

Hypersensitivity

Bright/fluorescent lighting may feel painfully intense

Background noise (PA systems, registers) can be overwhelming

Strong smells (cleaning products, perfumes) may cause distress

Unexpected touch may feel painful or alarming

Hyposensitivity

May seek movement, fidgeting, or pacing to self-regulate

May not notice or report pain, illness, or discomfort

May be drawn to loud sounds, bright lights, or strong textures

May speak loudly or stand very close without realizing it

Chang YS, Owen JP, Desai SS, et al. PLoS One. 2014;9(7):e103038.

Routine Features & Strengths

Routine & Predictability

Sudden changes (different pharmacist, rearranged store, new packaging) can cause significant distress

Autistic individuals often rely on consistent routines to feel safe and regulated

Transitions can require extra processing time and mental energy

Knowing what to expect reduces uncertainty and helps with preparation

Strengths to Recognize

Deep, sustained focus and attention to detail

Strong pattern recognition and memory for specifics, such as dosing schedules and routines

Honesty and directness — patients often say exactly what they mean

Loyalty and consistency once trust is established with a provider

Jenkinson R, Milne E, Thompson A. Autism. 2020;24(8):1933-1944. Woods SEO, Estes A. Front Psychiatry. 2023;14:1264516.

Small Group Activity

THINK

2 MIN

Reflect individually about a patient interaction that went well — one where the patient felt heard, trust was built, or communication just clicked.

PAIR

3 MIN

Turn to a neighbor and discuss the strategies that help explain why that interaction worked — and how those instincts apply to neuro-affirming care.

SHARE

5 MIN

Volunteers share with the full group. We'll look for the common threads — what pharmacy teams are already doing that aligns with neuro-affirming care.

Practical Strategies to Help Enhance Pharmacy Interactions

Strategy 1: Mindset & Approach

Curiosity is a clinical skill.

We must move from speed to humanity — in our workflow and in every interaction.

See the Whole Person

Assume competence.

Meet stimming with a calm, respectful presence

Practice Reciprocity

Show up for the interaction — not just the transaction

Take Time to Listen

People who feel seen and heard typically tell you more

Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831.

Strategy 2: Communication Considerations

Recommended Practices

Use clear and direct language

Allow extra processing time

Speak to the patient first

Ask their preferred way to communicate

Consider Social stories

Try This Instead

Avoid: "How are things going?"

Say: "Have you had any side effects from this medication?"

Avoid: "This will just take a sec."

Say: "This will take about 2 mins."

Avoid: "Any questions?"

Say: "What questions do you have about how to take this?"

Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831.

Strategy 3: Sensory & Environment Considerations

Auditory

- Lower PA & music volume
- Offer quieter pickup times
- Headphones at the counter
- Don't rush the exchange

Visual & Space

- Seating away from glare
- Clear, uncluttered counter
- Private counseling area
- “What to expect” social story

Taste & Texture

- Flavoring for pediatric doses
- Formulation options
- Administration tips
- Missed-dose guidance

Document accommodation preferences so the whole team knows

Kaundinya A, Kaku SM, *Sens Neurosci*. 2025 Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831..

Strategy 4: Workflow & Care Navigation

Proactively Manage Prescription Issues

Call when a prior auth is needed — don't leave them to navigate it alone

Offer Guided Support

Walk through app steps, refills, and when to call the prescriber

Reduce Access Barriers

Med-sync workflows and patient assistance programs

Honor Routines & Build Trust

Keep refill schedules steady

Caregivers are partners, not substitutes

The accommodations made have the potential to raise the standard of care for all patients in your pharmacy practice

Nicolaidis C, Raymaker DM, Ashkenazy E, et al. Autism. 2015;19(7):824-831. Cohen AB. *Milbank Q.* 2023;101(4):1003-1008

Case Study: Meet Marcus

THE SCENARIO

Marcus, a 24-year-old Autistic man, comes to pick up a new prescription for anxiety. It's a nice fall day and the pharmacy is busy with activity, music, and announcements every 30 minutes. He avoids eye contact, repeats his name three times when asked to verify, fidgets repetitively with his hands, and becomes visibly agitated when asked an open-ended question about "how things are going." His mother is with him and answers on his behalf.

Take a moment to picture this interaction at your own pharmacy counter.

Full-Group Discussion: Applying the Strategies

Mindset
What assumptions might you or your team make about Marcus before he even reaches the counter?

Communication
What specific language adjustments would make this interaction more accessible for Marcus?

Autonomy
How do you ensure Marcus — not only his mother — is included as the decision-maker?

Environment
What environmental factors might be contributing to his distress, and what can you control?

Follow-Through
What can you document or flag to ensure consistency at his next visit?

Workflow
Marcus is on a new prescription for anxiety. What proactive steps could your pharmacy take?

Open Discussion: Back to Your Practice Setting

What practice-specific challenges have you encountered with Autistic patients or caregivers?

What's one small change your pharmacy could make this month?

How can your team share what you've learned today with colleagues who couldn't attend?

What questions do you still have about implementing neuro-affirming care?

Final Tips & Take-Home Points

Top Take-Home Points

Difference is not deficiency — every Autistic patient's strengths and support needs are unique

Curiosity is a clinical skill — ask, don't assume

Small, consistent accommodations build trust that compounds over time

Communicate directly with the Autistic patient, not only the caregiver (if present)

This Month, Try:

Document one patient's communication or sensory preferences at drop-off

Practice one “avoid / try this instead” phrase swap with your team

Identify one environmental adjustment your pharmacy can make

Share this session's key points with a colleague who couldn't attend

Helpful Resources

ADDM Network prevalence reports: cdc.gov/ncbddd/autism/addm.html

Autism Spectrum Disorder: Practice Guidelines for Pharmacists (Canada, 2024) — Can Pharm J (Ott)

Autism Society of America: autismsociety.org

CDC — Signs and Symptoms of Autism Spectrum Disorder: cdc.gov/autism

National Autistic Society (UK) — Autism and Communication: autism.org.uk

IN COMMUNITY PHARMACY,

trust is built one interaction at a time

Learn | **Practice** | **Connect** | **Reflect**

Thanks for attending this session to help make each one count in the care of Autistic People

Dr. Brittany Hoffmann-Eubanks, PharmD, MBA
brittanyh.eubanks@gmail.com

References

1. Taboas A, Doepke K, Zimmerman C. Preferences for identity-first versus person-first language in a US sample of autism stakeholders. Autism. 2023 Feb;27(2):565-570.
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington: American Psychiatric Publishing, 2013
3. Woods SEO, Estes A. Toward a more comprehensive autism assessment: the survey of autistic strengths, skills, and interests. *Front Psychiatry*. 2023;14:1264516
4. Hodges H, Fealko C, Soares N. Autism spectrum disorder: definition, epidemiology, causes, and clinical evaluation. *Transl Pediatr*. 2020;9(Suppl 1):S55-S65.
5. Lang HM. History of the autism diagnosis – how the perspectives have changed. *Health Care Analysis*. 2025;33:337–348.
6. American Academy of Pediatrics. Fact Checked: Vaccines: Safe and Effective, No Link to Autism. AAP. Last Updated December 4, 2025. Accessed June 2026. https://www.aap.org/en/news-room/fact-checked/fact-checked-vaccines-safe-and-effect-no-link-to-autism/
7. Shaw KA, Williams S, Patrick ME, et al. Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years — Autism and Developmental Disabilities Monitoring Network, 16 Sites, United States, 2022. *MMWR Surveill Summ*. 2025;74(SS-2):1-22.
8. Berenbrok LA, Tang S, Gabriel N, Guo J, Sharareh N, Patel N, Dickson S, Hernandez I. Access to community pharmacies: A nationwide geographic information systems cross-sectional analysis. *J Am Pharm Assoc* (2003). 2022 Nov-Dec;62(6):1816-1822.e2. doi: 10.1016/j.japh.2022.07.003. Epub 2022 Jul 15. PMID: 35965233.
9. Khanna R, Jariwala K. Awareness and knowledge of autism among pharmacists. *Res Social Adm Pharm*. 2012;8(5):464-471.
10. Dopheide JA, Bostwick JR, Goldstone LW, et al. Curriculum in Psychiatry and Neurology for Pharmacy Programs. *Am J Pharm Educ*. 2017;81(7):5925.
11. Kadi R, Gayed F, Kauzman P, et al. Autism spectrum disorder: Practice guidelines for pharmacists. *Can Pharm J (Ott)*. 2024;157(2):58-65.
12. CDC. Signs and Symptoms of Autism Spectrum Disorder. Published May 16, 2024. Accessed June 2026. https://www.cdc.gov/autism/signs-symptoms/index.html

References

13. National Autistic Society. Autism and communication. Accessed June 2026. https://www.autism.org.uk/advice-and-guidance/about-autism/autism-and-communication.
14. Chang YS, Owen JP, Desai SS, et al. Autism and sensory processing disorders: shared white matter disruption in sensory pathways but divergent connectivity in social-emotional pathways. *PLoS One*. 2014;9(7):e103038.
15. Jenkinson R, Milne E, Thompson A. The relationship between intolerance of uncertainty and anxiety in autism: A systematic literature review and meta-analysis. *Autism*. 2020;24(8):1933-1944.
16. Kaundinya A, Kaku SM. Sensory responses in autistic individuals—A narrative review. Sensory Neuroscience. 2025;1(3):e70018
17. Lerner MD, Gurba AN, Gassner D. A framework for neurodiversity-affirming interventions for autistic individuals. *J Consult Clin Psychol*. 2023;91(9):503-504.
18. Wagland Z, Sterman J, Scott-Cole L, Spassiani N, Njelesani J. Promoting neurodiversity-affirming care for autistic children: a scoping review. *Autism Dev Lang Impair*. 2025.
19. Nicolaidis C, Raymaker DM, Ashkenazy E, et al. "Respect the way I need to communicate with you": Healthcare experiences of adults on the autism spectrum. Autism. 2015;19(7):824-831.
20. Cohen AB. In the December 2023 Issue of the Quarterly. *Milbank Q*. 2023;101(4):1003-1008.